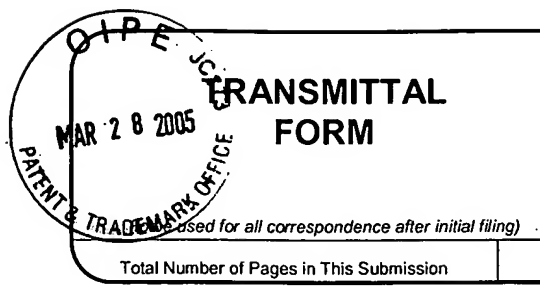


IFW

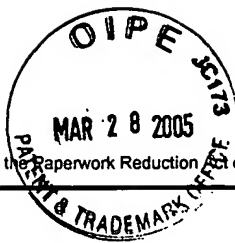


|                        |                  |
|------------------------|------------------|
| Application Number     | 10/758,050       |
| Filing Date            | January 14, 2004 |
| First Named Inventor   | Wallace et al.   |
| Art Unit               | Unassigned       |
| Examiner Name          | Unassigned       |
| Attorney Docket Number | 017516-009410US  |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                    |          |        |
|--|------------------------------------|----------|--------|
| Firm Name                                  | Townsend and Townsend and Crew LLP |          |        |
| Signature                                  |                                    |          |        |
| Printed name                               | Mark D. Barrish                    |          |        |
| Date                                       | 3/23/05                            | Reg. No. | 36,443 |

| CERTIFICATE OF TRANSMISSION/MAILING   |            |      |         |
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PTO/SB/83 (01-03)  
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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

|                        |                  |
|------------------------|------------------|
| Application Number     | 10/758,050       |
| Filing Date            | January 14, 2004 |
| First Named Inventor   | Wallace et al.   |
| Art Unit               | Unassigned       |
| Examiner Name          | Unassigned       |
| Attorney Docket Number | 017516-009410US  |

To: Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: **At the request of the client.**

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

|  |  |       |                |     |       |
|--|--|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or<br>Individual Name | Frank Nguyen, Vice President & General Counsel (E-mail: Frank.Nguyen@intusurg.com) |       |                |     |       |
| Address  | Intuitive Surgical, Inc.   |       |                |     |       |
| Address  | 950 Kifer Road   |       |                |     |       |
| City   | Sunnyvale  | State | CA             | ZIP | 94086 |
| Country  | USA  |       |                |     |       |
| Telephone  | (408)-523-2129   | Fax   | (408)-523-1390 |     |       |

- ☒ This request is made on behalf of myself and  
☐ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number 20350

This request is enclosed in triplicate (including any attachments).

|           |   |
|-----------|---|
| Name      | Mark D. Barrish, Reg. No. 36,443, Townsend and Townsend and Crew, LLP |
| Signature |   |
| Date      | 3/23/05   |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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